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ABSTRACT

The effect of parental Holocaust trauma on children's Jewish identity and Holocaust-related ideation was investigated through comparison of children of survivors with children of American Jews. The role of possible mediating factors, (the quality of parental communication style) was also assessed. Subjects included 40 adult children of Jewish survivors of the Holocaust (20 males, 20 females) and 40 adult children of American Jews (19 males, 19 females), born in either the United States or Canada. Whereas children of Holocaust survivors showed significantly more holocaust ideation than did children of American Jews, they did not appreciably differ in measures of Jewish identity. In addition, mediating factors were suggested. A significant relationship was found between level of parental trauma and parental communication style. Moreover, parental communication style was associated with ethnic identification. Implications for clinical intervention with families beset by catastrophe are discussed. An appendix provides a scale of Holocaust-related imagery and three tables illustrating: (1) demographic information; (2) Jewish Identity and Holocaust Ideation; and (3) the relationship between parental trauma and child response. (SR)

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Parental Communication of Trauma Among Children of Holocaust Survivors

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Abstract

The effect of parental Holocaust trauma on children's Jewish identity and Holocaust-related ideation was investigated through comparison of children of survivors with children of American Jews. The role of possible mediating factors, (the quality of parental communication style) was also assessed. Whereas children of Holocaust survivors showed significantly more holocaust ideation than did children of American Jews, they did not appreciably differ in measures of Jewish identity. In addition, mediating factors were suggested. A significant relationship was found between level of parental trauma and parental communication style. Moreover, parental communication style was associated with ethnic identification. Implications for clinical intervention with families beset by catastrophe are discussed.

Parental Communication of Trauma Among Children of Holocaust Survivors.

Clinical and empirical literature document the far-reaching effect of the Holocaust on the children of survivors (Barocas & Barocas, 1973; Bergman & Jucovy, 1982; Epstein, 1979). Numerous studies of children of survivors report a wide spectrum of adaptive and maladaptive responses to the Holocaust. Maladaptive responses include Holocaust-related psychiatric symptomatalogy, while more adaptive responses include heightened achievement, ethnic affiliation, and creativity (Roden & Roden, 1982; Solkoff, 1981; Sonnenberg, 1974).

The variety of responses among survivors' children suggests the presence of mediating factors that may mitigate the transgenerational impact of trauma. In particular, parental communication style has been identified as a crucial determinant in the adaptation of families beset by catastrophe (Fishbane, 1979; Greenblatt, 1978; Krell, 1979; Keller, 1988).

Salient characteristics of survivors of the Holocaust include recurrent nightmares, psychosomatic symptoms, guilt, anxiety and pessimistic world views (Krystal, 1968; Niederland, 1968). In more recent studies, adaptive qualities of the survivors have also been noted, such as heightened ethnic identity, increased group affiliation and the preservation of pre-Holocaust values (Luchterhand, 1980; Marcus & Rosenberg, 1989; Ornstien, 1985; Porter, 1981).

The literature on children of survivors suggests that they share many features with their parents. Although survivors'

children did not directly experience the holocaust, considerable evidence suggests they also suffer from traumatic after-effects, such as phobias, depression, recurrent imagery, pessimism and other psychiatric symptomotatology (Danieli, 1981; Davidson, 1980; Epstein, 1982; Prince, 1988). More recent studies, however, have also highlighted adaptive responses, including creativity, altruism, group affiliation, and ethnic identification (Russel, Plotkin, & Heapy, 1985; Solkoff, 1981).

Holocaust survivors often demonstrate a preoccupation with traumatic ideation, in the form of recurrent and intrusive imagery, thoughts, and dreams (Chadoff, 1970; DeWind, 1974; Rakoff, 1966). The DSM IV diagnosis of Post Traumatic Stress Disorder (PTSD) conforms to these observations and is characterized, in part, by intrusive symptoms such as recurrent nightmares, flashbacks, and associations related to the trauma (Eitinger, 1961).

Moreover, the inter-generational transmission of these symptoms is supported by reports of holocaust-related dreams, fantasies and imagery in survivors' children (Bergman & Jucovy, 1982; Danieli, 1981; Faimberg, 1988; Grubrich-Simitis, 1984; Kestenberg, 1972; Link et al, 1985; Savran & Fogelman, 1979).

Alternatively, ethnic affiliation can provide an adaptive coping response to parental holocaust trauma. Members of minority ethnic groups often struggle to establish a positive ethnic identification when faced with prejudice from the dominant culture and subsequent feelings of fear and inferiority (Hogg, Abrams, & Patel, 1987; Tajfel, 1978; Ullah, 1987). A small body

of literature addresses the varied effects of the Holocaust on survivors' Jewish identification. Holocaust survivors reported use of group affiliation to mobilize hope and facilitate survival during incarceration (Dimsdale, 1974). Porter (1981) reported that although Holocaust survivors tended to avoid political controversy, they were strongly assertive on behalf of Israel and Soviet Jewry. Marcus and Rosenberg (1989) noted that many survivors abandoned their faith in response to a perception of a Godless world, while others maintained their religious commitment even under the most extreme conditions.

Survivors' children may also grapple with issues of ethnic identity. Clinical reports suggest that ethnic identification in children of survivors varies widely, ranging from perceptions of Holocaust survivors as victims and a source of shame to a fierce nationalism and willingness to fight for Israel (Mostysser, 1979; Steinitz & Szonyi, 1976). Similarly, clinical studies explore children of survivors' conflicting feelings of pride and humiliation about their Jewish identities. The range of affects, fears, and fantasies regarding their ethnic identity has been seen as a reflection of the transgenerational impact of the Holocaust. (Fogelman, 1988; Roden & Roden, 1982; Prince, 1988).

Empirical studies using children of American Jews as controls allow more rigorous assessment of the impact of the Holocaust on survivors' children. Although a lack of structured instruments limits interpretation of these results, a number of studies report that children of survivors demonstrate more

extreme Jewish identification and more activist views of Judaism than do children of American Jews (Porter, 1981; Russel, Plotkin & Heapy, 1985; Rustin, 1971; Tauber, 1980; Weinfeld, Sigal & Davis, 1986).

While it might be expected that some transgenerational impact would be evident in all families of holocaust survivors, the variation in individual response supports the role of mediating factors. Preliminary investigations suggest that the quality of parental communication of holocaust trauma predicts to the quality of children's adaptation to parental trauma. Clinical observations suggest that nonverbal parental communication facilitates the intergenerational transmission of maladaptive coping responses (Laub & Aerhaun, 1984). Children whose parents could not discuss their experiences exhibited marked fantasies of death, violence and persecution (Wilson & Fromm, 1982). In another study, guilt-inducing, nonverbal and indirect communication was associated with detrimental coping responses whereas direct and affective communication was associated with adaptive qualities among children of survivors (Lichtman, 1983).

Moreover, several reports indicate that direct and affective communication enhances ethnic identity among children of survivors whereas failure to openly discuss the Holocaust leads to shame and disaffiliation (Danieli, 1981; Prince, 1985).

In general, however, the literature on children of survivors consists primarily of case reports and contains few controlled studies. Thus there is a dearth of empirical studies on the

psychological effects of parental holocaust trauma on children of survivors. The present paper aims to systematically investigate the process by which holocaust survivors' experience of trauma is transmitted to their children. Specifically, we will compare children of survivors with children of American Jews in order to assess both maladaptive (elevated holocaust ideation) and adaptive (ethnic identification) responses to parental holocaust trauma. In addition, we will assess the relationship between the nature of parental communication about the holocaust and the quality of children of survivors' coping responses.

METHOD

Subjects

Subjects included 40 adult children of Jewish survivors of the Holocaust (20 males, 20 females) and 40 adult children of American Jews (19 males, 19 females). All subjects were born in the United States or Canada. Subjects averaged 32 $\pm$ 4.8 years of age for both groups, with a range of 25 to 45 for children of survivors and 22 to 47 for children of American Jews.

A broad based definition of holocaust survivor was used, based on Danieli's (1982) premise that the uprootedness, loss of family, friends, and possesions, and constant fearfulness caused by Nazi atrocities had long term consequences for all Jews present in Europe during WWII. As has been commonly noted, however, the most severe symptomatology is found among survivors of the concentration camps (Krystal & Niederland, 1968, Eitinger, 1961).

Thus, holocaust survivors were defined as European born Jews who experienced the Holocaust either in hiding, the underground resistance, as refugees, or in concentration/forced labor camps. Only subjects for whom both parents were holocaust survivors were included as children of survivors. Parents' level of trauma was rated on a 4 point scale: Level 1 = refugee status (flight to other European countries), Level 2 = partisanship (membership in bands who engaged in sabotage and resistance activities), Level 3 = living in hiding (in Nazi occupied Europe), Level 4 = concentration or labor camp incarceration.

Subjects were recruited from "Second Generation" support groups and through referrals from clinicians and other researchers. Groups were matched for gender and religious affiliation (Orthodox, Conservative, Reform, secular). Subjects' siblings were excluded to control for the potential confound of similar family dynamics.

Measures

The following scales were used: the Brenner Scale of Jewish Identification (Brenner, 1961; Klein, 1977), the Communication Questionnaire (Lichtman, 1983), and the Scale of Holocaust Related Imagery (Sorscher, 1991).

The Brenner Scale of Jewish identification (Brenner, 1961) measures multidimensional aspects of Jewish identity (Rustin, 1971; Segalman, 1966).

In an attempt to reduce conceptual redundancy and increase generalizability, Klein (1977) refactored Brenner's scales,

extracting six factors which accounted for 80% of the inter-item communality. These six factors were used for the present study. 1) Loyalty - the belief that loyalty to the Jewish people is the most important requirement of being a good Jew; 2) Concealment - the notion that it is proper to conceal Jewish traits and background; 3) Disaffiliation - a view that Jews should assimilate into the dominant culture; 4) Chauvinism - a belief in the superiority of Jews over other groups; 5) Cultural-Religious - a focus on observance of religious laws and practices and on Jewish cultural contributions to the world; and 6) Nationalism - an emphasis on the central role that Israel plays in the lives of Jews. These traits are considered neither positive nor negative, merely descriptive of Jewish identity. In addition, a total score of Jewish identity was computed, measuring overall intensity of ethnic affiliation.

The Communication Questionnaire

The Communication Questionnaire (Lichtman 1983) was designed to measure parental communication of wartime experiences. A factor analysis was performed on a pilot sample of 22 children of survivors to factor 23 questions into six categories: 1) Maternal Communication: Mother's frequent and willing discussion of her wartime experiences; 2) Guilt-Inducing Communication: Guilt-inducing communication by either parent; 3) Paternal Communication: Father's frequent and willing discussion of his wartime experiences 4) Nonverbal Communication: Early, gloomy, nonverbal communication of parental experience by either parent; 5) Indirect Communication: Indirect communication about the

Holocaust - either parent's discussion of the Holocaust without significant factual information; and 6) Affective Communication: Directly emotional communication about the Holocaust by either parent.

A composite score of maladaptive communication was computed, combining guilt-inducing, nonverbal and indirect communication factors.

Scale of Holocaust-Related Imagery

The Scale of Holocaust-Related Imagery (Sorscher, 1991) measures Holocaust-related thoughts, associations, fantasies, dreams, and symptoms. The content of the scale reflects DSM III PTSD criteria such as nightmares, dreams and intrusive thoughts.

To determine content validity, the instrument was piloted on a sample of children of Holocaust survivors (n=15). Only items rated personally relevant by all subjects were included.

All subjects completed the 6 primary sections of the scale. Only children of survivors, however, completed an additional 3 questions, pertaining to parental holocaust experience. Subjects rated the presence of Holocaust ideation on a dichotomous scale (yes/no), and its frequency on a three point scale (1=rarely, 2=sometimes, 3=continually or often). Certain items were rated as quantities, e.g. number of objects which were reminders of the holocaust. In addition, a total score was computed.

The scale was comprised of six sections; 1) dreams, 2)thoughts about the Holocaust, 3) objects, 4) places, and 5) times during the year that were reminders of the Holocaust; and 6)fantasies about the Holocaust.

Children of survivors completed three additional questions regarding 1)fears related to parental holocaust experiences, 2) psychiatric symptoms potentially related to the Holocaust and 3) "flashbacks" of parental experiences during the Holocaust, which is the experiencing of a specific parental wartime event as if it actually happened to the child.

Inter-rater reliability for the total score was established by Pearson correlation (r=.99). Internal consistency was demonstrated by alpha coefficient (α =.82, 37 items, 40 cases).

Data Analysis

In order to assess both adaptive (ethnic affiliation) and maladaptive (holocaust preoccupation) coping responses in children of holocaust survivors, children of survivors were compared to children of American Jews by MANOVA on the six Brenner scales of Jewish Identity and by t-test on the total score of Holocaust Ideation.

In order to assess the relationship between parental communication style and children's coping responses, both adaptive (Affective) and maladaptive (Negative) communication scores were correlated with the total Brenner score and the total Holocaust Ideation score by Pearson product moment correlations.

In order to assess the relationship between parental level of trauma and communication style, both maternal and paternal levels of trauma were correlated with both adaptive and maladaptive communication measures.

Results

Groups did not significantly differ with respect to age,

gender distribution, marital status, education, and income. The majority of the subjects (48/62%) were unmarried. Levels of education and socio-econmic status were high; 50 (64%) of the sample had received post graduate degrees, 49 (63%) earned over 30,000 dollars annually. Most of the subjects were well educated in Judaism. Of children of survivors, 36 (90%) had received Jewish education as had 36 (95%) of children of Americans.

Among children of surviors, there were 6 (15%) non-affiliated, 3 (8%) Reform, 12 (30%) Conservative, and 19 (48%) Orthodox Jews. Among children of American Jews, there were 10 (26%) non-affiliated, 3 (8%) Reform, 10 (26%) Conservative, and 15 (39%) Orthodox Jews.

The parents of children of survivors had varied wartime experiences. Of the mothers, five (13%) were refugees, one (3%) fought as a partisan, nine (23%) survived the war by hiding in difficult situations, and 21 (53%) were incarcerated in concentration/labor camps. Of the fathers, 6 (15%) were refugees, 3 (8%) fought as partisans, 10 (25%) survived the war in hiding, 17 (43%) were incarcerated in concentration/labor camps.

Demographic data are presented in Table 1.

Holocaust-related Imagery in Children of Survivors

Children of survivors demonstrated significantly greater Holocaust-related imagery than did children of American Jews ($t = -3.00, df=78, p < .001$).

Specifically, children of survivors demonstrated significantly

greater Holocaust-related dreams (x^2= 3.94,df=1,p=.05), Holocaust-related thoughts (t=-2.33,df=78,p=.02), and Holocaust-associated places (t=-2.5,df=53,p=.03).

Ten (25%) children of survivors said that their dreams included themes from parental wartime experiences such as general danger, injury, and life threatening situations, as well as specific Holocaust images such as gas chambers, escaping from the Germans, and visiting their parents or relatives in the concentration camps.

Twenty-two (55%) reported having significant Holocaust-related fears, such as generalized worry and concerns about abandonment, loss, personal injury, harm to loved ones, paranoia, failure, and rejection. Eight (20%) of children of survivors reported psychiatric symptoms such as depression, anxiety, ulcers, mistrust of people, deep pessimism, difficulty with relationships and anhedonia.

Seven (18%) children of survivors reported experiencing "flashbacks", or extremely vivid recreations of parental holocaust experiences, experienced as if they were actually happening to the child. These included being rounded up at the ghetto, shooting at Nazis, running from the Germans and liberation.

Jewish Identity in Children of Survivors

MANOVA demonstrated no overall difference between children of survivors and children of American Jews in overall measures of Jewish identity. Univariate F-tests were only significant for

loyalty. See Table 2.

Effect of Parental Trauma on Parental Communication of the Holocaust

Levels of maternal trauma were significantly correlated with affective communication ($r=.39$, $p=.02$) and negative communication ($r=.41$, $p=.01$). Thus, the more intense the maternal trauma, the greater the degree of both emotionally-laden and negative communication reported in the home. Level of paternal trauma was not correlated with either of the communication styles. Thus communication measures appeared more sensitive to maternal than paternal traumatic history. (See Figure 1).

Effect of Parental Communication on Ethnic Identification and Holocaust Ideation

Adaptive communication, as measured by the affective communication score, was significantly correlated with overall ethnic identification ($r=.40$, $p=.01$) but not with Holocaust ideation.

Maladaptive communication, as measured by the Negative Communication score, was correlated with neither ethnic affiliaton nor Holocaust ideation. (See Figure 1).

DISCUSSION

Major findings of this study are as follows. In comparison with children of American Jews, children of Holocaust survivors

demonstrated greater levels of holocaust ideation but no difference in degree of ethnic identification. Maternal, but not paternal, levels of holocaust trauma predicted to both adaptive (affective) and maladaptive (negative) modes of communicating about holocaust trauma. Increased affective (adaptive) communication was associated with increased ethnic identification but not holocaust ideation. Increased maladaptive communication was correlated neither with ethnic identification nor holocaust ideation.

That children of survivors demonstrated elevated Holocaust-related ideation is consistent with numerous clinical studies (Bergman, 1982; Bergman & Jucovy, 1982; Faimberg, 1988; Grubrich-Simitis, 1984; Hertzog, 1982; Kestenberg, 1988; Link et al, 1985).

Overall ethnic identity, however, did not differentiate children of American Jews and children of survivors. This is inconsistent with previous studies that found discrimination often results in intense ethnic affiliation (Christian, Gadfield, Giles, & Taylor, 1976; Dion & Earn, 1975; Hofman & Rouhana, 1976; Waddell & Cairns, 1986). Ethnic identity may be a multi-determined variable with complex antecedents, only one of which being parental experience of ethnic persecution. Mediating factors, such as parental communication of traumatic experience, may complicate the relationships between parental history and ethnic identification.

In fact, the quality of parental communication significantly affected ethnic identity formation, such that affective

(emotionally-laden) communication was associated with heightened ethnic identity. This is consistent with previous literature, suggesting that affective communication of parental holocaust experiences facilitates children's integration of parental trauma as well as development of adaptive coping mechanisms (Lichtman, 1983). Gordon (1988) found that maternal ability to symbolize traumatic experience in words contributes to the child's sense of internal security.

Maternal level of trauma was found to be an important variable in predicting both affective and maladaptive comunication. Greater levels of maternal trauma were associated with both negative and adaptive communication. These results are consistent with prior reports, which found that greater levels of trauma were correlated with both greater emotional and maladaptive communication (Lichtman, 1984).

In contrast to the above results, level of paternal trauma did not predict to parental communication style. The stronger influence of maternal communication is also consistent with prior literature. A review of gender differences revealed an overall stronger effect of maternal communication relative to paternal communication. Moreover children of survivors described their mothers as more vocal about their experiences compared to their fathers (Kav-Venaki, Nadler & Gershoni, 1983).

Conclusions

The present findings offer empirical support of the psychological impact of parental holocaust trauma on children of survivors. The elevated level of holocaust ideation in children

of survivors illustrates the degree to which they remain preoccupied with parental trauma long after the actual events have transpired. We can infer that such preoccupation signals an ongoing struggle to integrate the sheer enormity of their parents' experience of horror.

Furthermore, these findings support the centrality of affective communication in children's response to parental trauma and underscore the importance of verbally symbolizing emotional experience. It is a psychoanalytic tenet, extensively documented in the clinical literature, that linking of feelings and words into a coherent narrative serves a reparative function (Bucci, 1982; Jaffe, 1985). Individuals able to evocatively and meaningfully acknowledge their experiences demonstrate decreased depression and increased ability to tolerate separation (Bucci & Freedman, 1981; Jaffe, 1985).

The gender differences found in this study may be attributed to social-cultural influences. Research on early socialization indicates that boys are urged to be "tough" in the face of stress and adopt a macho stance. Girls, on the other hand, are socialized to express their fears and receive parental help (Block, 1978; Brody, 1985; Huston, 1983). As a consequence men and women tend to respond differently to trauma; with women more openly acknowledging its psychic effects and men taking a more stoic stance.

Implications for Treatment

Despite the human tendency to avoid discussing trauma, it is

imperative for survivors and their offspring to have an opportunity to explore and integrate the effects of the holocaust. Thus the clinician's task with survivors and their families can be to help them recover the repressed and toxic memories of the trauma and to verbalize these painful experiences. This may be a difficult task for some therapists who must confront their own need to deny or repress the horrible trauma experienced by Holocaust survivors (Danieli, 1984).

The clinician can further facilitate integration and mourning of the trauma by encouraging discussion of the rituals and customs that commemorate catastrophic events. Participation in ethnic and social events can also serve a reparative function, allowing families beset by catastrophe to engage in mourning, provide support for each other, and rebuild a positive group identity.

The differential role of mothers and fathers in the intergenerational transmission of the psychological impact of holocaust trauma also has clinical implications. Mothers were found to be of crucial importance in the processing of trauma, consistent with prior literature on gender differences. The influence of mothers should be carefully considered in work with the families of survivors. In addition, fathers may require encouragement to openly express their feelings and experiences as they appear to be more silent about the trauma.

Limitations

Several limitations suggest caution in interpreting the results. Specifically, the measures are not well standardized.

It must be noted, however, that there are no other standardized instruments assessing holocaust ideation in children of survivors. There is also a dearth of standardized instruments in the field of ethnic identity. Thus, inclusion of these measures will hopefully spur research in these important areas.

Generalizability of the study was compromised by reliance on a self-selected sample. The sample had a high proportion of orthodox Jews (44%). Although we controlled for religiosity by matching the sample, the predominance of orthodox Jews may have biased the results in regards to ethnic affiliation.

In addition, the effects of immigration per se were not controlled for. Inclusion of a second control group, i.e., children of non survivor immigrants, would have allowed for assessment of immigration effects. It is, however, very difficult to find North American Jews who immigrated during World War II and were not affected by the Holocaust.

Nonetheless, this study, contributes new data to the small body of empirical literature investigating the psychological effects of parental holocaust trauma on children of survivors. Furthermore, this is the first empirical study of holocaust related ideation in children of survivors. Given the pernicious and far reaching effects of holocaust trauma on survivors, their children, and possibly even their grandchildren, further research into this area is clearly warranted.

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Appendix A

Scale of Holocaust-related Imagery

1. Do you have dreams that contain Holocaust related material? (yes\no).

How often? (rarely, sometimes, continually).

Describe a dream that you remember.

Describe your feelings in the dream? How do you feel upon waking up?

Did you have dreams that contained Holocaust related material as a child? (under 12). (yes\no)

How often? (rarely, sometimes, continually).

Please describe a dream that you remember as a child.

Please describe your feelings in the dream? How did you feel upon waking up?

Are these dreams about your parent's wartime experiences? (yes\no)

2. How often do you think about the Holocaust? (rarely, sometimes, every day).

How often did you think about the Holocaust as a child? (rarely, sometimes, every day). Please describe your feelings? (in both instances).

3. Are there certain objects that remind you of the Holocaust? (yes\no) What are they?

Were there certain objects that reminded you of the Holocaust as a child? (yes\no) What were they?

Please describe your feelings? (in both instances).

4. Are there certain places that remind you of the

Holocaust?(yes\no). What are they?

Were there certain places that reminded you of the Holocaust as a child? (yes\no) What were they? Please describe your feelings? (in both instances).

5. Do you ever have "flashbacks" of your parent's wartime experiences? (you experience a wartime event so vividly it's as if it happened to you). (yes\no).

What are they? Did you have "flashback" of your parent's wartime experiences as a child? (yes\no).

What were they? Please describe your feelings? (in both instances).

6. Are there certain times during the year when you think more about the Holocaust? (yes\no) What are they? Were there certain times during the year when you thought more about the Holocaust as a child? (yes\no). What were they?

Please describe your feelings? (in both instances).

7. Do you ever have fantasies/daydreams about the Holocaust? (yes\no). How often? (rarely, sometimes, continually). What are they? Did you have fantasies/daydreams about the Holocaust as a child?

(yes\no) How often? (rarely, sometimes, continually).

What were they? Please describe your feelings? (in both instances).

8. Do you have any of your parent's fears that they have due to the war? (yes\no). What are they?

9. Do you have any of your parent's symptoms that they have due to the war? (yes\no). Please describe the symptoms.

Table 1

Demographic Information

	Total	Child. of Survivors	Child. of Americans
Age	32.0 ± 4.7	32.2 ± 4.7	31.9 ± 4.8
Education	18.0 ± 2.3	18.0 ± 2.6	17.9 ± 2.0
SEX			
Males	39 (50%)	20 (50%)	19 (50%)
Females	39 (50%)	20 (50%)	19 (50%)
MARITAL STAT.			
Single	44 (56%)	25 (64%)	19 (50%)
Married	28 (40%)	13 (33%)	15 (39%)
Divorced	5 (7%)	1 (3%)	4 (11%)
RELIGION			
Non-Affiliated	16 (20.5%)	6 (15%)	10 (26%)
Reform	6 (7.7%)	3 (8%)	3 (8%)
Conservative	22 (28.2%)	12 (30%)	10 (26%)
Orthodox	34 (43.6%)	19 (48%)	15 (39%)

Parental level of Holocaust Trauma		
	Mother	Father
Level 1 - Refugee	5 (13%)	6 (15%)
Level 2 - Partisans	1 (3%)	3 (8%)
Level 3 - In Hiding	9 (23%)	10 (26%)
Level 4 - Concentration Camp	21 (54%)	17 (44%)

Age t=.26, df=75, p=.79
Education t=.20, df=75, p=.85
Sex X^2=.00, df=1, p=1.0
Marital X^2=2.7, df=2, p=.25
Religion X^2=1.6, df=3, p=.66

Table 2

Jewish Identity and Holocaust Ideation
in Both Children of Survivors and American Jews

Scale	Test	df	COS (40)	COA (38)	Signif
Jewish Identity	MANOVA	6,71			ns
Loyalty	F	1,76	23.9 ± 4.7	26.2 ± 5.2	.044
Concealment	F	1,76	6.3 ± 1.6	6.3 ±1.5	ns
Disaffiliation	F	1,76	24.2 ± 5.3	25.6 ± 5.0	ns
Nationalism	F	1,76	21.5 ± 3.5	21.4 ± 4.3	ns
Cultural/ Religious	F	1,76	21.4 ± 4.3	22.6 ± 5.1	ns
Chauvinism	F	1,76	11.8 ± 2.5	12.3 ± 2.3	ns
Holocaust Ideation	t	75	10.8 ± 5.1	7.7 ± 4.5	.006

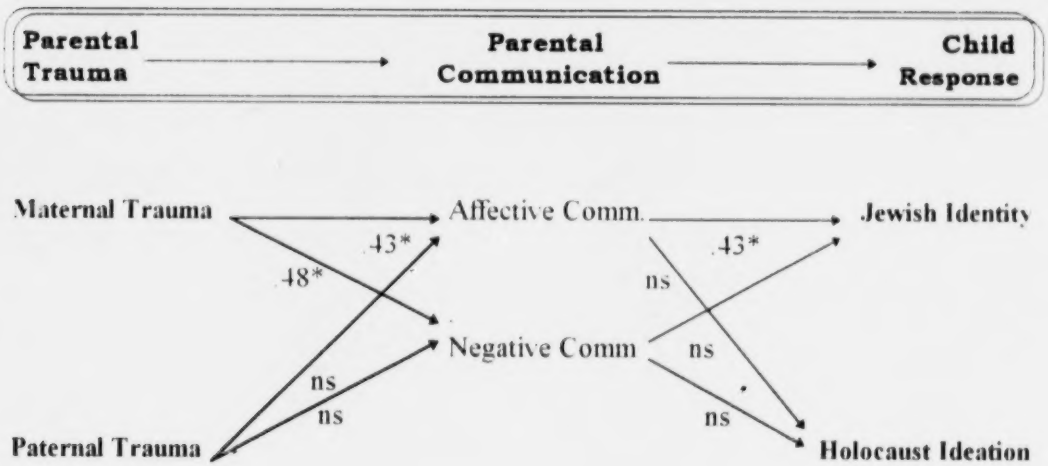

Figure 1. Relationship between Parental Holocaust Trauma, Quality of Parental Communication about the Trauma, and Quality of Children's Response. Pearson product moment correlations. *p<.05.

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